SERIAL NO. FILING DATE MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET APPLICANT(S) (FOR USE WITH FORM PTO-875) CLAIMS AFTER 1st AMENDMENT AS FILED AFTER 2nd AMENDMENT IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. J. . 73 şi. TOTAL TOTAL TOTAL DEP. # TOTAL DEP. TOTAL CLAIMS

PTO-1360 (3-78)

TOTAL